STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Isabel Dakotan		2. DATE 9-22-11
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $36 in SD - 30 out of st.

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
Box 207 403 N Main Dewey County Isabel, SD 57633

6. FULL NAME OF PUBLISHER: Barbara Begeman

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Barbara Begeman, Owner	403 N Main Box 207 Isabel, SD 57633

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1,000	900
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	50	49
2. Mail Subscription (Paid and or requested)	692	692
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	742	741
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	742	741
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	247	138
2. Return from News Agents	11	21
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1,000	900

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Barbara Begeman
(Signature)

Isabel Dakotan, Editor
(Title)

State of South Dakota)
§
County of Dewey)

(Seal)

Sworn to before me this 22nd day of Sept, 2011

Krystal K Marone
Notary Public

My commission expires: 7/13/17

KRYSTAL K MARONE NOTARY SEAL PUBLIC STATE OF SOUTH DAKOTA

Form: SOS REC 051 7/2004